



PERMITTING AND DEVELOPMENT REVIEW DIVISION
FREDERICK COUNTY, MARYLAND
DEPARTMENT OF PERMITS AND INSPECTIONS
30 NORTH MARKET STREET • FREDERICK, MARYLAND 21701
PHONE (301) 600-2313 • FAX (301) 600-2309

TIP JAR PERMIT APPLICATION PROCEDURES

This is an application for a permit to operate a tip jar or punchboard according to Frederick County Gaming Ordinance 1-2-101 through 112. Both the non-profit, charitable organization for whose benefit the event is scheduled and the operator (if different from the organization) must complete the application.

Before this application will be accepted in the Frederick County Department of Permits and Inspections, the applicants must:

1. Fill out the application completely. Any missing items will prevent this application from being processed in a timely manner.
2. Attach prior record affidavits for all persons **directly responsible** for operating the tip jar/punchboards.
3. Attach a copy of the organization's current approved 501(c), (1), (3), (4), (5), (7), (8), (10), (19) or 501(d) Internal Revenue Tax Exempt Form.
4. Attach a copy of evidence of charitable purpose (i.e. organization charter, by-laws).
5. Attach a copy of drivers' license for each individual **directly responsible** for the operation of the tip jar/punchboard event.
6. Tender the proper issuance fee at the time the application is submitted. The issuance fee for a tip jar/punchboard is determined by length of time. Please see attached application for fee detail.
7. A copy of a valid, current license to serve food and alcoholic beverages must be attached for both organization and operators if applicable.

False, omitted, or misleading, information provided on this form will constitute grounds for voiding an issued permit.

Please type or print the application information in ink.

Note: Before a licensed food and beverage establishment operates a gaming device, both the Organization & the Operator should consult the Maryland Secretary of State to determine if either or both are required to register as provided in the Maryland Annotated Code Article #41, Subtitle 2 Charitable Organization Solicitations.*****

The completed application should be submitted to the Frederick County Department of Permits and Inspections, 30 North Market Street, Frederick, MD 21701. Our office hours are 8 AM - 4 PM. Permit applications are accepted between the hours of 8 AM – 3:30 PM, Monday through Friday, except Holidays. Please allow 5-10 working day for processing. If you should have any questions concerning this application, please contact this office at 301-600-2313.

NOTE: This is an application for a permit only, NOT an approved permit



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Permit # _____

TIPJAR/PUNCHBOARD PERMIT APPLICATION

Name of Organization _____

Street Address _____ P.O. Box _____

Town _____ State _____ Zip Code _____

Organization Phone No. _____

IRS Tax Exempt # _____ State Exempt Number _____

(Attach a copy of IRS Determination Letter to application)

ORGANIZATION'S CONTACT PERSON: A copy of Driver's License must be attached to application

Name _____

Home Address _____

Home Phone _____ Work Phone _____

Are you a member of this Organization? _____

Involved persons who do not have a driver's license: Any person, who is directly responsible for this tip jar/punchboard permit, who does not have a driver's license, must supply the following information so that the Sheriff's Department can perform the required verification of Misdemeanor or Felony Convictions.

Complete name _____
(first) (middle) (last)

Ethnic _____ Male or Female _____

Date of Birth _____
(month) (day) (year)

Issuance Fee:

_____ \$ 181.00 for one (1) year permit (if the tip jar/punchboard will be operated solely by the Organization for its own behalf on its own premises or premises owned by another non-profit organization).

_____ \$820.00 for a one (1) year permit (off-premise)

_____ \$205.00 for a three (3) month permit (circle one of the following, Jan, Feb, Mar or Apr, May, Jun
or Jul, Aug, Sep or Oct Nov Dec)

_____ \$ 121.00 for a carnival permit, event not to exceed ten (10) days.

_____ \$ 82.00 for a single occurrence permit-event not to exceed three days.

Date of event _____

For office use only:

Received _____ Fee paid _____ Check # _____ Receipt# _____

Intended Beneficiary for Gaming Proceeds _____

Name of Distributor you intend to purchase you supplies _____

PRIMARY LOCATION OF EVENT _____

Please list all other tip jar/punchboard permits already approved for this Organization.

Permit # _____ Bar or Tavern Name _____

Permit # _____ Bar or Tavern Name _____

Permit # _____ Bar or Tavern Name _____

On Premise Tip Jar/Punchboards

Organization Responsibility:

By signing below, you agree to:

1. Maintain and submit to the proper County authority **monthly reports** on the gross proceeds, payouts for Winnings, expenses, and the amount paid to the Organization for each tip jar or punchboard.
2. Display the permit conspicuously with the device.
3. Purchase tip jars and/or punchboards and applicable supplies and refills only from distributors licensed by Frederick County.
4. Provide access to records to Enforcement Officials who have the right to inspect and copy the records.
5. Operators are responsible for ensuring that all players meet the minimum age requirements. A tip jar and/or punchboard may not be played by anyone under eighteen (18) years of age.

Signed,

Operators Signature

Printed Name

Date

ON & OFF Premise Tip Jar/Punchboard

The following 2 sections need to be signed by both organization & operator.

All gaming supplies must be purchased from a Frederick County Licensed Distributor. Please initial that you understand this provision:

Organization Initials _____ Operator Initials _____

Charitable Organizations Solicitation notification to the State of Maryland: Both the Organization and Operator (of the off-premise bar, tavern, restaurant) may be required to register with the Secretary of State for the State of Maryland. By signing below, you are verifying that you have been advised of the requirement.

Organization's Representative

Operator Representative

FOR OFF PREMISE TIP JARS/PUNCHBOARDS - Information requested below must be given.

Name of Operator _____

Address _____ P.O. Box _____

Town _____ Zip Code _____

Is this the location of Gaming Activity _____ If not, list location _____

Operator Phone No. _____ Home Phone _____

Do you have a Liquor License? _____ Do you have a Food Service License? _____

Attach a copy of both licenses to this permit application.

BAR OPERATORS CONTACT PERSON: A copy of Driver's License must be attached to application

Name _____

Home Address _____

Home Phone _____ Work Phone _____

Involved persons who do not have a driver's license: Any person, who is directly responsible for this raffle permit, who does not have a driver's license, must supply the following information so that the Sheriff's Department can perform the required verification of Misdemeanor or Felony Convictions.

Complete name _____
(first) (middle) (last)

Ethnic _____ Male or Female _____

Date of Birth _____
(month) (day) (year)

Name of Distributor you intend to purchase you supplies _____

FOR OFF PREMISE TIP JARS/PUNCHBOARDS

Bar Operator's Responsibility:

By signing below, you agree to;

1. Maintain and submit to the proper County authority **monthly reports** on the gross proceeds, payouts for Winnings, expenses, and the amount paid to the Organization for each tip jar or punchboard.
2. Display the permit conspicuously with the device.
3. Purchase tip jars and/or punchboards and applicable supplies and refills only from distributors licensed by Frederick County.
4. Provide access to records to Enforcement Officials who have the right to inspect and copy the records.
5. Operators are responsible for ensuring that all players meet the minimum age requirements. A tip jar and/or punchboard may not be played by anyone under eighteen (18) years of age.

Signed,

Bar Operators Signature

Printed Name

Date

An affidavit and oath must be completed for each individual (organization & operator) who is **directly responsible** in operating the gaming permit. All affidavits and oaths must be attached to the permit application and/or the gaming renewal form and must correspond to the names listed in the application itself.

You may make copies of this page for additional directly responsible persons.

Organization**Prior Recorded Affidavit**

Attach a copy of this person's driver's license to application.

To be signed by the responsible person for the Organization:

OATH

I solemnly affirm under the penalties of perjury that the contents of this application are true and correct. I solemnly affirm under the penalties of perjury, that I have never been convicted of a felony, nor have I been convicted within the past five (5) years of a misdemeanor related in any way to gaming or gambling. I fully understand that this information will be verified by a representative of the Frederick County Sheriff's Office. I also understand that I will be taking responsibility for complying with the provisions of the Gaming Ordinance. This may include, but is not limited to, monthly tip jar/punchboard reports, and/or annual reports.

Notary Seal

Organization Representative Signature

Printed Name of Organization Representative

Date

By: _____
Notary Public
My commission Expires _____

Bar Operator**Prior Recorded Affidavit**

Attach a copy of this person driver's license to application

To be signed by responsible person for Bar Operator:

OATH

I solemnly affirm under the penalties of perjury that the contents of this application are true and correct. I solemnly affirm under the penalties of perjury, that I have never been convicted of a felony, nor have I been convicted within the past five (5) years of a misdemeanor related in any way to gaming or gambling. I fully understand that this information will be verified by a representative of the Frederick County Sheriff's Office. I also understand that I will be taking responsibility for complying with the provisions of the Gaming Ordinance. This may include, but is not limited to, monthly tip jar/punchboard reports, and/or annual reports.

Notary Seal

Operator's Representative Signature

Printed Name of Operator's Representative

Date

By: _____
Notary Public
Printed Name _____ My commission Expires _____